

The differences of the present invention over Bosko are not "intended use" differences but *structural* differences. It has been emphasized and is again emphasized that the members 32 and 33 of Bosko and the end pieces 12 and 13 of the present invention are *not* structural the same. It is true that they are used differently but that is because they are structurally different. This structural difference is significant in how the two devices are used, but it is the structural difference which permits this difference in use. Claim 12 states very specifically that the end elements are spherical and *the diameter [structure] of which is adapted to the palm of the hand of a training person*. A brochure illustrating this feature was previously submitted. Submitted herewith is another brochure which illustrates this feature. See, for example, the illustration marked by ①. Note the elderly individually and how they are grasping the device of the present invention. This would not be possible with Bosko, not because they are structurally the same and only different in function but because they are structurally different.

There is at least one other structural difference and that is the total length feature. Claim 12 specifically states that *the total length of the training apparatus is approximately in the range of the length of the shoulder span of the person using it*. Dumbbells are never that wide and barbells are always wider. Bosko, after all is either a dumbbell or a barbell, it is not a training device like that of the present invention

The examiner suggests that applicant has not attributed any significance to these features. In fact, applicant has. The arguments made to date, the videos submitted to the examiner, and the literature submitted all speak to the criticality of these features.

To further supplement the material submitted, applicant is submitting herewith the brochure noted above and two (2) declarations under 37 CFR 1.132 for the examiner's

consideration. These declarations were drafted by the undersigned on information presented to the undersigned from applicant's German attorney. The declarations are presently being executed and will be filed in due course. For the present they are being submitted unsigned. They are, nevertheless accurate and a faithful reproduction of the information provided to the undersigned.

These declarations, speak for themselves. They demonstrate to the undersigned that the training device of the present invention is indeed a positive force in the the medical field. See section marked ② in the brochure submitted herewith. The individual shown is Dr. Karl-Michael Reinauer whose declaration is one of the two declarations being submitted herewith.

The examiner is urged to reconsider her rejection in view of all the material presented in this case and to find claims 12 and 14-23 allowable.

Respectfully submitted,

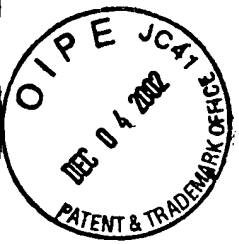


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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
)
Ping Liong TJOA) Art Unit: 3764
)
Appln. No. : 09/319,243) Ex: L. Hamilton
)
Filed : June 7, 1999)
)
For : TRAINING APPARATUS)

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TECHNOLOGY CENTER R3700

DECLARATION UNDER 37 CFR 1.132

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

I, Barbara Michalski, declare the following:

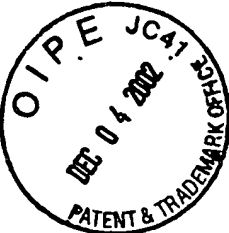
1. I am president of the Berlin and Brandenburg, Germany, state physical therapist association known as the VPT Association.
2. I started my training as a physical therapist in 1961 as an intern and received my diploma in physical therapy from the Medical College of Charité.
3. From 1964 to 1966, I practiced physical therapy in the emergency department of the Medical College of Charité.

4. From 1966 to 1975, I practiced physical therapy in the orthopedic department of the Medical College of Charité, specializing for spinal diseases and quadriplegics.
5. While practicing in the orthopedic department of the Medical College of Charité, I was assigned to establish the No. 1 Polyclinic in Berlin to train physical therapists.
6. From 1975 to present, I have continued in my practice of physical therapy while moving also into the management of the professional association for physical therapy, resulting in the presidency noted above.
7. For several years now, I have been working with IDOGO for treating orthopedic, surgery, stroke and cancer patients, as well as patients with bronchitis and asthma. In my experience, I have found that stroke patients require support for their paralyzed parts to even be able to start physiotherapeutic exercises. In addition, support with devices or by the therapist does not ensure uniform movement, applying instead additional strain. I have found that IDOGO provides the right support and guidance and automatically leads to correct and symmetrical movement.
8. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both,

under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Date: _____

Barbara Michalski



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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TECHNOLOGY CENTER R3700

DECLARATION UNDER 37 CFR 1.132

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

I, Karl-Michael Reinauer, declare the following:

1. I received my Doctor of Medicine degree from the University of Tübingen in 1983.
2. I became registered as an internist in 1989 and became academic chief in the Diabetics Department in 1991 at the University of Tübingen
3. In 1994 I served as chief physician in charge of the Geriatrics Department at the Sindelfingen City hospital
4. In 1996 I continued my education in clinical geriatrics in the field of internal medicine, and in 1997 I was named chief of the Geriatric Rehabilitation Clinic in

Böblingen.

5. In 1999 I received certification in the field of physical therapy.
6. During the periods noted above, I have been engaged in active research in the diabetic field and taught in this field as well. Presently, I am a member of the Board and press secretary for the Study Group for Diabetology in the German state of Baden-Württemberg.
7. In my work at the Bölingen Rehabilitation Clinic I have had the opportunity to work with IDOGO for treating patients. Almost a third of the patients are stroke patients with varying degrees of disability. There are also with hip fractures, Parkinson's disease, diabetes and polyneuropathy. With these patients I see the main advantage of IDOGO in its ease of use in physiotherapy and the fast results achieved. With IGOGO the patient is more relaxed and loosens up. This is not only more efficient, but also more comfortable the patient, which increases motivation. Stroke patients with typical perceptual disturbances regenerate noticeably faster. This is also true for Parkinson patients with disturbed perception. The pole helps the therapist decide if a cognitive disorder exists
8. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false

statements and the like so made are punishable by fine or imprisonment, or both,
under Section 1001 of Title 18 of the United States Code and that such willful false
statements may jeopardize the validity of the application or any patent issued
thereon.

Date: _____

Dr. Karl-Michael Reinauer